

LANDOWNER ASSISTANCE SURVEY FORM

Landowner's Name _____ E-mail _____

Address _____ County _____

City _____ State _____ ZIP _____

Phone (Home) _____ (Office) _____ (Fax) _____

Location of Property _____

How long have you owned the property? _____

What are some of the past uses and history of the property?

Do you have a forest management plan? ____ If so, who developed it? _____

When was it developed? _____

Check existing land uses and number of acres for each use

() forest land No. of acres _____

() pasture land No. of acres _____

() row crop land No. of acres _____

() farmstead (house, barnyard, etc.) No. of acres _____

() ponds, lakes, other water sources No. of acres _____

() gullied or idle lands No. of acres _____

() other--please specify below:

_____ No. of acres _____

_____ No. of acres _____

TOTAL _____

What are your objectives for the land?

a. For owning the land _____

b. For forest management (mark primary objectives with "P", secondary objectives with "S")

- **Tree planting ()**
- **Cost sharing ()**
- **Timber stand conversion ()**
- **Natural regeneration of timber ()**
- **Timber stand improvement ()**
- **Wildlife habitat enhancement [Turkey (); Deer (); Quail (); Non-game (); Other—specify ()]**
- **Watershed / fisheries protection ()**
- **Protection from wildfire ()**
- **Forest pest protection / control ()**
- **Protection from destructive grazing ()**
- **Forest recreation improvement ()**
- **Aesthetics ()**
- **Other forest products ()**
- **Other management objectives--please list**

c. For economics and site considerations, see *A Practical Introduction to Forestry for Landowners, Planning Checklist*. List your comments in response to those questions in the space below.

Are property boundaries marked?_____ Otherwise designated? _____

Please supply a map of your property. One or more of the following would be helpful to have:

- **Topographic map () Contact TDEC, Geology Division**
- **Tax map () Contact the County Tax Assessor**
- **Aerial photo () Contact NRCS or FSA (USDA Offices)**
- **Soil map () Contact NRCS**

Signed _____ **Date** _____